

ALSO - RICO and CONSPIRACY ACTION SOUGHT  
A NOTICE OF FRAUD and FRAUDULENT PRACTICES

**FILED**

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

JUL 20 2012

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF ARKANSAS  
\_\_\_\_\_  
DIVISION

JAMES W. McCORMACK, CLERK  
By: \_\_\_\_\_  
DEP. CLERK

CASE NO. 1:12CV00070 KYB/NDY Jury Trial: ☒ Yes ☐ No  
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

Name of plaintiff: BRANDON ATCHLEY  
ADC # 140054  
Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_

Address: \_\_\_\_\_

Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_

Address: \_\_\_\_\_

This case assigned to District Judge \_\_\_\_\_  
and to Magistrate Judge \_\_\_\_\_

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: NURSE J. HORN

Position: NURSE (LPN)

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of defendant: DR. NANCE

Position: MEDICAL DOCTOR

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of defendant: BILLY COWELL

Position: HEALTH SERVICES ADMINISTRATOR

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of defendant: ONE UN-NAMED JOHN/JANE DOES

Position: NURSES AND MEDICAL STAFF

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

II. Are you suing the defendants in:

- ☐ official capacity only  
☐ personal capacity only  
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No X

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

- ☐ Court (if federal court, name the district; if state court, name the county):

- ☐ Docket Number: \_\_\_\_\_
- ☐ Name of judge to whom case was assigned: \_\_\_\_\_
- ☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- ☐ Approximate date of filing lawsuit: \_\_\_\_\_
- ☐ Approximate date of disposition: \_\_\_\_\_

IV. Place of present confinement: A.D.C., SCOTT GRIMES UNIT

V. At the time of the alleged incident(s), were you:  
(check appropriate blank)

\_\_\_\_\_ in jail and still awaiting trial on pending criminal charges

X serving a sentence as a result of a judgment of conviction

\_\_\_\_\_ in jail for other reasons (e.g., alleged probation violation, etc.)  
explain: \_\_\_\_\_

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes X No \_\_\_\_\_

Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes \_\_\_\_\_ No X

If not, why? The plaintiff was lied to and mis-

VII. Statement of claim Lead by the defendants regarding this matter which hindered plaintiff from fully exhausting this through the griev. process.

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I

This is a Civil Rights Action under the Civil Rights Act of 1871, as amended and codified 42 U.S.C., to redress the deprivation of rights secured by the United States Constitution, particularly, Amendments 1, 8, and 14. Also, 18 U.S.C. § 1961-1968 + RICO + 42 U.S.C. § 1985(c)

II

Additional jurisdiction is invoked under 28 U.S.C. §§ 452, 1331, 1343 & 1746 - plus - to RECEIVE both Declaratory and Injunctive Relief pursuant to 28 U.S.C. §§ 2201 & 2202.

III

PLAINTIFF:

At all times relevant and mentioned to herein, the plaintiff, Brandon Atchley, was and is an inmate within the Arkansas Department of Correction, but still a borned citizen of these United States. Currently at

THE SCOTT GRIMES UNIT @ 300 CORRECTION DR., NEWPORT, AR 72112.

#### IV

THE DEFENDANTS, NAMELY, NURSE J. HORN, DR. NANCE, BILLY COWELL AND OTHER~~UN~~NAMED JOHN/JANE DOES NURSES, DOCTOR(S) AND ~~MANAGER~~ (Health Services ~~of~~ ~~Administration~~ - HSA) MANAGER, OF CORIZON MEDICAL SERV. @ 300 CORRECTION DR., NEWPORT, AR 72112. <sup>(1)</sup>, at all times relevant and mentioned to herein, ARE IN CONTRACTUAL AGREEMENT and act as the medical provider for the A.D.C., provided that the defendants give proper, rightful, constitutionally sufficient medical CARE, treatment and all other medically required action to the plaintiff.

#### V

BECAUSE OF THE ACTUAL FRAUD AND FRAUDULENT PRACTICES, which have been committed by the defendants' breach of its agreed contract

#### Footnote ONE:

There exist also other addresses which may be used at a later time being where the plaintiff initiates in the discovery process.

with the A.D.C. & the current Custodian over the plaintiff, Brandon Atchley, and was such at the time of this complain matter), and which have BEEN constitutionally deprived plaintiff of the urgently needed CARE, the plaintiff invokes jurisdiction under RICO, particularly, 18 U.S.C. § 1964(c), and request that this Honorable Court take Judicial notice and forward a copy of this complaint to the U.S. Attorneys' Office @ 10<sup>th</sup> & Constitution Ave. N.W., Washington, DC 20530, for a review. The defendants, being agents of Corizon Medical is, a corporation and Entity, which RICO requires.

## VI

unsure of exact Date, waiting to view medical jacket.

Count One: The plaintiff, on or about Sunday, ~~March~~ March, 2012 the plaintiff, namely, Brandon Atchley & herein after referred to as "Atchley" or "Plaintiff", was injured at "gym call" activity, suffering a dislocated finger, which was RE-SET? by the doctor, namely, either defendant, Dr. Nance, and the other individual, an APN (Advanced Practitioner Nurse), an Unknown John/Tane Doe, without having taken REQUIRED X-RAYS OR the such, thereby NOT adhering to proper procedure and law.

The plaintiff, who continued to suffer harm and pain AFTER this procedure on "servicing?" the plaintiff believed that his finger was broken. So, on or

CONT. ON BACK OF PAGE 7

about Wednesday, April 25, 2012, plaintiff initiated in the grievance process about his finger (which is his RIGHT "PINKY" FINGER), which was classified as an emergency situation <sup>(2)</sup> ↓

The plaintiff's grievances amounted to abject futility, including the grievance which had went through the entire grievance process as required by 42 U.S.C. § 1997(e) - the Prison Litigation Reform Act (PLRA). The last step of the process on the grievance of Tuesday, May 8, 2012, was classified as being "too late" by the medical administrator.

So the plaintiff has really exhausted his administrative remedies.

The defendant, Nance, committed a very grave error when "re-setting?" plaintiff's fin-

Footnote Two(2):

Not only did the plaintiff have to submit this grievance, he also had to frame another grievance, also classified as an emergency on or about Tuesday, May 8, 2012. Both of them were forwarded to defendant, Herrn, who only delayed the process.

ger (at the time of writing) is still injured and unable. The defendants, Horn, Nance, Cowell and All Other Un-named John/Jane Does of Corizon Medical, have delayed and also intentionally failed to provide the necessarily needed medical care. Thus, the plaintiff's "PINKY" finger has become deformed and thus violative of protected, clearly established law, which are U.S. CONST. Amendments 8, & 14. <sup>(4)</sup> X-RAYS WERE DONE AFTER PLAINTIFF'S FINGER WAS "RE-SET?" by Dr. Nance. Through the appropriate application of the laws, the plaintiff has suffered harm, injury and thus, is entitled to REVIEW, and judicial relief from this Honorable Court.

### COUNT TWO:

Each defendant, Horn, Cowell & for his (COWELL'S) intentional failure to properly train

### Footnote Four;

Plaintiff, after such a delay, was sent to an outside clinic, where even the doctor at this clinic provided that plaintiff had lost about 40% of the use of his "pinkie" finger.



supervise or due to various fraudulent practices conspiracy, and knowing or should have known that they were committing and allowing to be committed the violative injuries.

GRIEVANCES OF wednesday, April 25, 2012 and Tuesday, May 8, 2012, show that the actions of all of the defendants, showing corruptive actions, and thus - these agents of Corizon medical, defendant S, Hern, Nance, Cowell, and Unknown John/ Jane Doe Nurses & Doctors, as working with this entity, makes Corizon Medical a corrupt organization and should be prosecuted to the fullest extent of the law under 18 U.S.C. § 1964(c)

Reserving the right to amend this complaint, it is so sought, that REVIEW AND RELIEF is provided by this Court.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Actual Monetary Damages of \$175,000<sup>00</sup>  
PUNITIVE Damages of \$350,000<sup>00</sup> for violat-  
ing "clearly established law; Declaratory  
and Injunctive Relief; RICO ACTION; JURY  
DEMAND AND ALL OTHER EQUITABLE RELIEF

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 17 day of July, 20 12.

x Brenda Atchley  
#140054

\_\_\_\_\_  
Signature(s) of plaintiff(s)

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center GrimesName Brandon AtchleyADC# 140054Brks # 4Job Assignment RegionalMAintenance☒ (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: \_\_\_\_\_

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I dislocated my finger in the gym. The Doctor that was on duty that day re-set my finger with out taking X-Rays first. Late the next evening there were X-Rays taken. I was told that my finger was normal. Something is seriously wrong with my finger. I believe not only was my finger dislocated but it was also broken. Its been almost a month or maybe even longer and I am still not able to bend my finger all the way out nor can I make a complete fist. Also the swelling has still not went down. By looking at my finger you can clearly see that something is wrong. I just want my finger fixed because I know that it was not set right. I need to be referred to a doctor as soon as possible.

Brandon Atchley

Inmate Signature

4-25-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 4/25/12 (date), and determined to be **Step One** and/or an Emergency Grievance (Yes) (Yes or No). This form was forwarded to medical or mental health? (Yes) (Yes or No). If yes, name of the person in that department receiving this form: Keith Latta Date 4/25/12

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 35579Staff Signature Keith LattaDate Received 4/25/12

Describe action taken to resolve complaint, including dates: X-rays were normal. As you have previously been advised, if you are having problems follow proper procedure & place a sick call. You cannot use the grievance process to bypass the sick call process.

Staff Signature & Date Returned 4-26-12Inmate Signature & Date Received Brandon AtchleyThis form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**–Grievance Officer; **ORIGINAL**–Given back to Inmate After Completion of Step One and Step Two

PLAINTEXTS EXHIBIT #1 - WS, Dist. G.  
 CIV. ACTION

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center GrimesName Brandon Atchley  
ADC# 140054 Brks # 4 Job Assignment Reg Maint

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

✓ (Date) STEP ONE: Informal Resolution(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I have been to sick call a numerous amount of times pertaining to a dislocated finger that was not set correctly and also a problem pertaining to my eyes. The last sick call I was told that I would be put on a list to either see the provider or the doctor. Its been over two weeks and I have seen neither. The problems that I am having are only getting worse. This will be my 3rd Informal Resolution and nothing has been done.

Brandon Atchley

Inmate Signature

5-8-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 5.8.12 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Op Bumpes, T Date 5/9/12

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: You were seen on sick call 1 time by this on 4-22-12. You were not referred at that time. However I have placed you on the referral list to be subleated.

5/9/12

Staff Signature &amp; Date Returned

Brandon Atchley 5.8.12

Inmate Signature &amp; Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back**

to Inmate After Completion of Step One and Step Two.

PLAINTIFF'S EXHIBIT # 2 - U.S. DIST. CT.  
CIV. ACTION